



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

Iowa Total Care, Inc.

(Name)

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 15713 Employer's ID Number 46-4829006

Organized under the Laws of Iowa , State of Domicile or Port of Entry Iowa

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 02/13/2014 Commenced Business 01/01/2016

Statutory Home Office 7700 Forsyth Boulevard , Saint Louis, MO, US 63105  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard  
(Street and Number)

Saint Louis, MO, US 63105 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard , Saint Louis, MO, US 63105  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard  
(Street and Number)  
Saint Louis, MO, US 63105 314-725-4477-8088025  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com

Statutory Statement Contact David Holyfield , 314-349-3161  
(Name) (Area Code) (Telephone Number) (Extension)  
david.r.holyfield@centene.com 314-725-4658  
(E-Mail Address) (Fax Number)

OFFICERS

| Name                | Title     | Name                 | Title          |
|---------------------|-----------|----------------------|----------------|
| Christopher Bowers  | President | Christopher Isaak #  | Vice President |
| Keith H. Williamson | Secretary | Jeffrey A. Schwaneke | Treasurer      |

OTHER OFFICERS

|                     |                       |  |  |
|---------------------|-----------------------|--|--|
| Tricia L. Dinkelman | Vice President of Tax |  |  |
|                     |                       |  |  |
|                     |                       |  |  |

DIRECTORS OR TRUSTEES

|                     |                     |                    |  |
|---------------------|---------------------|--------------------|--|
| Christopher Isaak # | Keith H. Williamson | Christopher Bowers |  |
|                     |                     |                    |  |

State of Missouri

County of St. Charles

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Christopher Bowers  
President

Christopher Isaak  
Vice President

Keith H. Williamson  
Secretary

Subscribed and sworn to before me this  
day of ,

- a. Is this an original filing? Yes [ X ] No [ ]
- b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

|   | Current Year |                    |                                      | Prior Year             |
|---|--------------|--------------------|--------------------------------------|------------------------|
|   | 1            | 2                  | 3                                    | 4                      |
|   | Assets       | Nonadmitted Assets | Net Admitted Assets<br>(Cols. 1 - 2) | Net Admitted<br>Assets |
| 1. Bonds (Schedule D).....  | 0            |                    | 0                                    | 0                      |
| 2. Stocks (Schedule D):   |              |                    |                                      |                        |
| 2.1 Preferred stocks .....  | 0            |                    | 0                                    | 0                      |
| 2.2 Common stocks .....   | 0            |                    | 0                                    | 0                      |
| 3. Mortgage loans on real estate (Schedule B):  |              |                    |                                      |                        |
| 3.1 First liens .....   |              |                    | 0                                    | 0                      |
| 3.2 Other than first liens .....  |              |                    | 0                                    | 0                      |
| 4. Real estate (Schedule A):  |              |                    |                                      |                        |
| 4.1 Properties occupied by the company (less<br>\$ ..... encumbrances).....   |              |                    | 0                                    | 0                      |
| 4.2 Properties held for the production of income<br>(less \$ ..... encumbrances) .....  |              |                    | 0                                    | 0                      |
| 4.3 Properties held for sale (less<br>\$ ..... encumbrances) .....  |              |                    | 0                                    | 0                      |
| 5. Cash (\$ .....1,000,000 , Schedule E-Part 1), cash equivalents<br>(\$ .....0 , Schedule E-Part 2) and short-term<br>investments (\$ .....0 , Schedule DA)..... | 1,000,000    |                    | 1,000,000                            | 1,000,000              |
| 6. Contract loans (including \$ ..... premium notes).....   |              |                    | 0                                    | 0                      |
| 7. Derivatives (Schedule DB).....   | 0            |                    | 0                                    | 0                      |
| 8. Other invested assets (Schedule BA) .....  | 0            |                    | 0                                    | 0                      |
| 9. Receivables for securities .....   |              |                    | 0                                    | 0                      |
| 10. Securities lending reinvested collateral assets (Schedule DL).....  |              |                    | 0                                    | 0                      |
| 11. Aggregate write-ins for invested assets .....   | 0            | 0                  | 0                                    | 0                      |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 1,000,000    | 0                  | 1,000,000                            | 1,000,000              |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only).....  |              |                    | 0                                    | 0                      |
| 14. Investment income due and accrued .....   |              |                    | 0                                    | 0                      |
| 15. Premiums and considerations:  |              |                    |                                      |                        |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....   |              |                    | 0                                    | 0                      |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ ..... earned<br>but unbilled premiums).....        |              |                    | 0                                    | 0                      |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....   |              |                    | 0                                    | 0                      |
| 16. Reinsurance:  |              |                    |                                      |                        |
| 16.1 Amounts recoverable from reinsurers .....  |              |                    | 0                                    | 0                      |
| 16.2 Funds held by or deposited with reinsured companies .....  |              |                    | 0                                    | 0                      |
| 16.3 Other amounts receivable under reinsurance contracts .....   |              |                    | 0                                    | 0                      |
| 17. Amounts receivable relating to uninsured plans .....  |              |                    | 0                                    | 0                      |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  |              |                    | 0                                    | 0                      |
| 18.2 Net deferred tax asset.....  |              |                    | 0                                    | 0                      |
| 19. Guaranty funds receivable or on deposit .....   |              |                    | 0                                    | 0                      |
| 20. Electronic data processing equipment and software.....  |              |                    | 0                                    | 0                      |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....   |              |                    | 0                                    | 0                      |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |              |                    | 0                                    | 0                      |
| 23. Receivables from parent, subsidiaries and affiliates .....  |              |                    | 0                                    | 0                      |
| 24. Health care (\$ ..... ) and other amounts receivable.....   |              |                    | 0                                    | 0                      |
| 25. Aggregate write-ins for other-than-invested assets .....  | 0            | 0                  | 0                                    | 0                      |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25).....  | 1,000,000    | 0                  | 1,000,000                            | 1,000,000              |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts.....   |              |                    | 0                                    | 0                      |
| 28. Total (Lines 26 and 27)   | 1,000,000    | 0                  | 1,000,000                            | 1,000,000              |
| DETAILS OF WRITE-INS  |              |                    |                                      |                        |
| 1101. ....  |              |                    |                                      |                        |
| 1102. ....  |              |                    |                                      |                        |
| 1103. ....  |              |                    |                                      |                        |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   | 0            | 0                  | 0                                    | 0                      |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)  | 0            | 0                  | 0                                    | 0                      |
| 2501. ....  |              |                    |                                      |                        |
| 2502. ....  |              |                    |                                      |                        |
| 2503. ....  |              |                    |                                      |                        |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0            | 0                  | 0                                    | 0                      |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)  | 0            | 0                  | 0                                    | 0                      |

LIABILITIES, CAPITAL AND SURPLUS

|  | Current Year |                |            | Prior Year |
|--|--------------|----------------|------------|------------|
|  | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ ..... reinsurance ceded)   |              |                | 0          | 0          |
| 2. Accrued medical incentive pool and bonus amounts .....  |              |                | 0          | 0          |
| 3. Unpaid claims adjustment expenses .....   |              |                | 0          | 0          |
| 4. Aggregate health policy reserves, including the liability of<br>\$ ..... for medical loss ratio rebate per the Public<br>Health Service Act.....            |              |                | 0          | 0          |
| 5. Aggregate life policy reserves .....  |              |                | 0          | 0          |
| 6. Property/casualty unearned premium reserves .....   |              |                | 0          | 0          |
| 7. Aggregate health claim reserves.....  |              |                | 0          | 0          |
| 8. Premiums received in advance .....  |              |                | 0          | 0          |
| 9. General expenses due or accrued .....   |              |                | 0          | 0          |
| 10.1 Current federal and foreign income tax payable and interest thereon (including<br>\$ ..... on realized capital gains (losses)).....                       |              |                | 0          | 0          |
| 10.2 Net deferred tax liability .....  |              |                | 0          | 0          |
| 11. Ceded reinsurance premiums payable .....   |              |                | 0          | 0          |
| 12. Amounts withheld or retained for the account of others .....   |              |                | 0          | 0          |
| 13. Remittances and items not allocated .....  |              |                | 0          | 0          |
| 14. Borrowed money (including \$ ..... current) and<br>interest thereon \$ ..... (including<br>\$ ..... current) .....   |              |                | 0          | 0          |
| 15. Amounts due to parent, subsidiaries and affiliates .....   |              |                | 0          | 0          |
| 16. Derivatives.....   |              | 0              | 0          | 0          |
| 17. Payable for securities .....   |              |                | 0          | 0          |
| 18. Payable for securities lending .....   |              |                | 0          | 0          |
| 19. Funds held under reinsurance treaties (with \$ .....<br>authorized reinsurers, \$ ..... unauthorized<br>reinsurers and \$ ..... certified reinsurers)..... |              |                | 0          | 0          |
| 20. Reinsurance in unauthorized and certified (\$ .....)<br>companies.....   |              |                | 0          | 0          |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....  |              |                | 0          | 0          |
| 22. Liability for amounts held under uninsured plans .....   |              |                | 0          | 0          |
| 23. Aggregate write-ins for other liabilities (including \$ .....<br>current) .....  | 0            | 0              | 0          | 0          |
| 24. Total liabilities (Lines 1 to 23).....   | 0            | 0              | 0          | 0          |
| 25. Aggregate write-ins for special surplus funds .....  | XXX          | XXX            | 0          | 0          |
| 26. Common capital stock .....   | XXX          | XXX            | 1,000      | 1,000      |
| 27. Preferred capital stock .....  | XXX          | XXX            |            | 0          |
| 28. Gross paid in and contributed surplus .....  | XXX          | XXX            | 999,000    | 999,000    |
| 29. Surplus notes .....  | XXX          | XXX            |            | 0          |
| 30. Aggregate write-ins for other-than-special surplus funds .....   | XXX          | XXX            | 0          | 0          |
| 31. Unassigned funds (surplus) .....   | XXX          | XXX            |            | 0          |
| 32. Less treasury stock, at cost:<br>32.1 ..... shares common (value included in Line 26<br>\$ ..... ) .....   | XXX          | XXX            |            | 0          |
| 32.2 ..... shares preferred (value included in Line 27<br>\$ ..... ) .....   | XXX          | XXX            |            | 0          |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX          | XXX            | 1,000,000  | 1,000,000  |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX          | XXX            | 1,000,000  | 1,000,000  |
| DETAILS OF WRITE-INS   |              |                |            |            |
| 2301. ....   |              |                |            |            |
| 2302. ....   |              |                |            |            |
| 2303. ....   |              |                |            |            |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....  | 0            | 0              | 0          | 0          |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)   | 0            | 0              | 0          | 0          |
| 2501. ....   | XXX          | XXX            |            |            |
| 2502. ....   | XXX          | XXX            |            |            |
| 2503. ....   | XXX          | XXX            |            |            |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | XXX          | XXX            | 0          | 0          |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)   | XXX          | XXX            | 0          | 0          |
| 3001. ....   | XXX          | XXX            |            |            |
| 3002. ....   | XXX          | XXX            |            |            |
| 3003. ....   | XXX          | XXX            |            |            |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | XXX          | XXX            | 0          | 0          |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)   | XXX          | XXX            | 0          | 0          |

STATEMENT OF REVENUE AND EXPENSES

|  | Current Year   |            | Prior Year |
|--|----------------|------------|------------|
|  | 1<br>Uncovered | 2<br>Total | 3<br>Total |
| 1. Member Months.....  | XXX            | 0          | 0          |
| 2. Net premium income (including \$ .....0 non-health premium income).....   | XXX            | 0          | 0          |
| 3. Change in unearned premium reserves and reserve for rate credits .....  | XXX            |            | 0          |
| 4. Fee-for-service (net of \$ ..... medical expenses) .....  | XXX            |            | 0          |
| 5. Risk revenue .....  | XXX            |            | 0          |
| 6. Aggregate write-ins for other health care related revenues .....  | XXX            | 0          | 0          |
| 7. Aggregate write-ins for other non-health revenues .....   | XXX            | 0          | 0          |
| 8. Total revenues (Lines 2 to 7) .....   | XXX            | 0          | 0          |
| <b>Hospital and Medical:</b>   |                |            |            |
| 9. Hospital/medical benefits .....   |                |            | 0          |
| 10. Other professional services .....  |                |            | 0          |
| 11. Outside referrals .....  |                |            | 0          |
| 12. Emergency room and out-of-area .....   |                |            | 0          |
| 13. Prescription drugs .....   |                |            | 0          |
| 14. Aggregate write-ins for other hospital and medical .....   | 0              | 0          | 0          |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                |            | 0          |
| 16. Subtotal (Lines 9 to 15) .....   | 0              | 0          | 0          |
| <b>Less:</b>   |                |            |            |
| 17. Net reinsurance recoveries .....   |                |            | 0          |
| 18. Total hospital and medical (Lines 16 minus 17) .....   | 0              | 0          | 0          |
| 19. Non-health claims (net).....   |                |            | 0          |
| 20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....   |                | 0          | 0          |
| 21. General administrative expenses.....   |                | 0          | 0          |
| 22. Increase in reserves for life and accident and health contracts (including<br>\$ ..... increase in reserves for life only).....        |                | 0          | 0          |
| 23. Total underwriting deductions (Lines 18 through 22) .....  | 0              | 0          | 0          |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....   | XXX            | 0          | 0          |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....  |                | 0          | 0          |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....   |                |            | 0          |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....   | 0              | 0          | 0          |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered<br>\$ ..... ) (amount charged off \$ ..... )] ..... |                | 0          | 0          |
| 29. Aggregate write-ins for other income or expenses .....   | 0              | 0          | 0          |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes<br>(Lines 24 plus 27 plus 28 plus 29).....      | XXX            | 0          | 0          |
| 31. Federal and foreign income taxes incurred .....  | XXX            |            | 0          |
| 32. Net income (loss) (Lines 30 minus 31) .....  | XXX            | 0          | 0          |
| <b>DETAILS OF WRITE-INS</b>  |                |            |            |
| 0601. ....   | XXX            |            |            |
| 0602. ....   | XXX            |            |            |
| 0603. ....   | XXX            |            |            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....   | XXX            | 0          | 0          |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....  | XXX            | 0          | 0          |
| 0701. ....   | XXX            |            |            |
| 0702. ....   | XXX            |            |            |
| 0703. ....   | XXX            |            |            |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....   | XXX            | 0          | 0          |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....  | XXX            | 0          | 0          |
| 1401. ....   |                |            |            |
| 1402. ....   |                |            |            |
| 1403. ....   |                |            |            |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....  | 0              | 0          | 0          |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....   | 0              | 0          | 0          |
| 2901. ....   |                |            |            |
| 2902. ....   |                |            |            |
| 2903. ....   |                |            |            |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....  | 0              | 0          | 0          |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....   | 0              | 0          | 0          |

STATEMENT OF REVENUE AND EXPENSES (Continued)

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| CAPITAL & SURPLUS ACCOUNT  |                   |                 |
| 33. Capital and surplus prior reporting year .....                                     | 1,000,000         | 1,000,000       |
| 34. Net income or (loss) from Line 32 .....  | 0                 | 0               |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                   | 0               |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                   | 0               |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....             |                   | 0               |
| 38. Change in net deferred income tax .....  |                   | 0               |
| 39. Change in nonadmitted assets .....   | 0                 | 0               |
| 40. Change in unauthorized and certified reinsurance .....                             | 0                 | 0               |
| 41. Change in treasury stock .....   | 0                 | 0               |
| 42. Change in surplus notes .....  | 0                 | 0               |
| 43. Cumulative effect of changes in accounting principles .....                        |                   | 0               |
| 44. Capital Changes:   |                   |                 |
| 44.1 Paid in .....   | 0                 | 0               |
| 44.2 Transferred from surplus (Stock Dividend) .....                                   |                   | 0               |
| 44.3 Transferred to surplus .....  |                   | 0               |
| 45. Surplus adjustments:   |                   |                 |
| 45.1 Paid in .....   | 0                 | 0               |
| 45.2 Transferred to capital (Stock Dividend) .....                                     | 0                 | 0               |
| 45.3 Transferred from capital .....  |                   | 0               |
| 46. Dividends to stockholders .....  |                   | 0               |
| 47. Aggregate write-ins for gains or (losses) in surplus .....                         | 0                 | 0               |
| 48. Net change in capital and surplus (Lines 34 to 47) .....                           | 0                 | 0               |
| 49. Capital and surplus end of reporting year (Line 33 plus 48)                        | 1,000,000         | 1,000,000       |
| DETAILS OF WRITE-INS   |                   |                 |
| 4701. ....   |                   |                 |
| 4702. ....   |                   |                 |
| 4703. ....   |                   |                 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              | 0                 | 0               |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                       | 0                 | 0               |

CASH FLOW

| Cash from Operations  | 1            | 2          |
|---|--------------|------------|
|   | Current Year | Prior Year |
| 1. Premiums collected net of reinsurance .....  | 0            | 0          |
| 2. Net investment income .....  | 0            | 0          |
| 3. Miscellaneous income .....   | 0            | 0          |
| 4. Total (Lines 1 through 3) .....  | 0            | 0          |
| 5. Benefit and loss related payments .....  | 0            | 0          |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                    | 0            | 0          |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....                                      | 0            | 0          |
| 8. Dividends paid to policyholders .....  | 0            | 0          |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....        | 0            | 0          |
| 10. Total (Lines 5 through 9) .....   | 0            | 0          |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | 0            | 0          |
| Cash from Investments   |              |            |
| 12. Proceeds from investments sold, matured or repaid:  |              |            |
| 12.1 Bonds .....  | 0            | 0          |
| 12.2 Stocks .....   | 0            | 0          |
| 12.3 Mortgage loans .....   | 0            | 0          |
| 12.4 Real estate .....  | 0            | 0          |
| 12.5 Other invested assets .....  | 0            | 0          |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                           | 0            | 0          |
| 12.7 Miscellaneous proceeds .....   | 0            | 0          |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 0            | 0          |
| 13. Cost of investments acquired (long-term only):  |              |            |
| 13.1 Bonds .....  | 0            | 0          |
| 13.2 Stocks .....   | 0            | 0          |
| 13.3 Mortgage loans .....   | 0            | 0          |
| 13.4 Real estate .....  | 0            | 0          |
| 13.5 Other invested assets .....  | 0            | 0          |
| 13.6 Miscellaneous applications .....   | 0            | 0          |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 0            | 0          |
| 14. Net increase (decrease) in contract loans and premium notes .....   | 0            | 0          |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....                                   | 0            | 0          |
| Cash from Financing and Miscellaneous Sources   |              |            |
| 16. Cash provided (applied):  |              |            |
| 16.1 Surplus notes, capital notes .....   | 0            | 0          |
| 16.2 Capital and paid in surplus, less treasury stock .....   | 0            | 0          |
| 16.3 Borrowed funds .....   | 0            | 0          |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....                               | 0            | 0          |
| 16.5 Dividends to stockholders .....  | 0            | 0          |
| 16.6 Other cash provided (applied) .....  | 0            | 0          |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) ..... | 0            | 0          |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS   |              |            |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....       | 0            | 0          |
| 19. Cash, cash equivalents and short-term investments:  |              |            |
| 19.1 Beginning of year .....  | 1,000,000    | 1,000,000  |
| 19.2 End of year (Line 18 plus Line 19.1) .....   | 1,000,000    | 1,000,000  |

Analysis of Operations  
**NONE**

Part 1 - Premiums  
**NONE**

Part 2 - Claims Incurred During the Year  
**NONE**

Part 2A - Claims Liability  
**NONE**

Part 2B - Analysis of Claims  
**NONE**

Pt 2C - Sn A - Paid Claims - Comp  
**NONE**

Pt 2C - Sn A - Paid Claims - MS  
**NONE**

Pt 2C - Sn A - Paid Claims - DO  
**NONE**

Pt 2C - Sn A - Paid Claims - VO  
**NONE**

Pt 2C - Sn A - Paid Claims - FE  
**NONE**

Pt 2C - Sn A - Paid Claims - XV  
**NONE**

Pt 2C - Sn A - Paid Claims - XI

NONE

Pt 2C - Sn A - Paid Claims - OT

NONE

Pt 2C - Sn A - Paid Claims - GT

NONE

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE



Pt 2C - Sn B - Incurred Claims - GT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

Part 2C - Sn C - Claims Expense Ratio XI

NONE

Part 2C - Sn C - Claims Expense Ratio OT

NONE

Part 2C - Sn C - Claims Expense Ratio GT

NONE

Aggregate Reserve for A&H Contracts

NONE

Part 3 - Analysis of Expenses

**NONE**

Exhibit of Net Investment Income

**NONE**

Exhibit of Capital Gains (Losses)

**NONE**

Exhibit of Nonadmitted Assets

**NONE**

Exhibit 1 - Enrollment by Product Type

**NONE**

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Iowa Total Care, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under Iowa Insurance Law.

The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures* Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices of the State of Iowa.

| <u>NET INCOME</u>  | <u>SSAP #</u> | <u>F/S<br/>Page</u> | <u>F/S<br/>Line #</u> | <u>State of<br/>Domicile</u> | <u>2018</u>  | <u>2017</u>  |
|--|---------------|---------------------|-----------------------|------------------------------|--------------|--------------|
| (1) Iowa Total Care, Inc. state basis (Page 4, Line 32, Columns 2 & 4)   | XXX           | XXX                 | XXX                   | Iowa                         | \$ -         | \$ -         |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Depreciation of fixed assets                      |               |                     |                       | Iowa                         | -            | -            |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Depreciation of fixed assets, home office property |               |                     |                       | Iowa                         | -            | -            |
| (4) NAIC SAP (1-2-3=4)   | XXX           | XXX                 | XXX                   | Iowa                         | \$ -         | \$ -         |
| <u>SURPLUS</u>   |               |                     |                       |                              |              |              |
| (5) Iowa Total Care, Inc. state basis (Page 3, Line 33, Columns 3 & 4)   | XXX           | XXX                 | XXX                   | Iowa                         | \$ 1,000,000 | \$ 1,000,000 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Goodwill, net<br>e.g., Fixed Assets, net          |               |                     |                       | Iowa                         | -            | -            |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Home Office Property                               |               |                     |                       | Iowa                         | -            | -            |
| (8) NAIC SAP (5-6-7=8)   | XXX           | XXX                 | XXX                   | Iowa                         | \$ 1,000,000 | \$ 1,000,000 |

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with the *Statutory Accounting Principles* requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- Cash is carried at cost, which approximates fair value. The company holds no short-term investments.
- The Company holds no common bonds.
- The Company holds no common stocks.
- The Company holds no preferred stocks.
- The Company holds no mortgage loans.
- The Company holds no loan-backed securities.
- The Company has no investments in subsidiaries.
- The Company has no investments in joint ventures, partnerships and limited liability companies.
- The Company holds no derivatives.
- The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has not recorded a premium deficiency reserve at December 31, 2018.
- Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- There were no changes to the capitalization policy.

## NOTES TO FINANCIAL STATEMENTS

13. The Company has no pharmaceutical rebates.

D. Going Concern - The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

### 2. Accounting Changes and Corrections of Errors

None

### 3. Business Combinations and Goodwill

A. Statutory Purchase Method - None

B. Statutory Merger - None

C. Assumption Reinsurance - None

D. Impairment Loss - None

### 4. Discontinued Operations

None

### 5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2018.

F. Repurchase Agreements Transactions Account for as Secured Borrowings – None

G. Reverse Repurchase Agreements Transactions Account for as Secured Borrowings – None

H. Repurchase Agreements Transactions Account for as a Sale – None

I. Reverse Repurchase Agreements Transactions Account for as a Sale – None

J. Real Estate - None

K. Low-Income Housing Tax Credits (LIHTC) - None

L. Restricted Assets

1. Restricted Assets (Including Pledged) - None

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories - None

3. Detail of Other Restricted Assets – None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5\* Securities – None

Q. Short Sales – None

R. Prepayment Penalties and Acceleration Fees - None

## NOTES TO FINANCIAL STATEMENTS

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None

### 7. Investment Income

None

### 8. Derivative Instruments

None

### 9. Income Taxes

A. None

B. None

C. None

D. None

E. None

F. Not Applicable

G. None

### 10. Information Concerning Parent, Subsidiaries and Affiliates

A., B. & C.

The Company is wholly-owned subsidiary of Centene Corporation. The Company does not have any agreements in force with affiliates at December 31, 2018.

D. There are no amounts due from or due to related parties at December 31, 2018.

E. Guarantees – None

F. Management or Service Contracts and Cost-Sharing Arrangements - None

G. All outstanding shares of the Company are owned by Centene Corporation.

H. Upstream Intermediate Entity - None

I. Investment in an SCA - None

J. Investments in impaired SCA entities - None

K. Investment in a Foreign Insurance Subsidiary - None

L. Investment in Downstream Noninsurance Holding Company – None

M. All SCA Investments – None

N. Investment in Insurance SCAs – None

### 11. Debt

A. Capital Notes - None

B. Federal Home Loan Bank Agreements - None

### 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans - None

B. Description of investment policies and strategies – None

C. Fair value of each class of plan assets - None

D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption - None

## NOTES TO FINANCIAL STATEMENTS

- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans - None
- H. Post-Employment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1. The Company has 1,000 shares authorized and outstanding with a par value per share of \$1.00.
- 2. The Company has no preferred stock outstanding.
- 3. Dividends – None
- 4. The Company paid no dividends for the year ended December 31, 2018.
- 5. Within the limitation of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6. There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- 7. The Company has no advances to surplus not repaid.
- 8. The Company held no stock for special purposes such as conversion of preferred stock, employee stock options or stock purchase warrants.
- 9. There were no changes to the balances of any special surplus funds from the prior year.
- 10. The impact to unassigned funds (surplus) by cumulative unrealized gain was \$0.
- 11. The Company has no surplus notes.
- 12. The Company was not involved in a quasi-reorganization.
- 13. The Company has not been involved in a quasi-reorganization in the last ten years.

### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

### 15. Leases

None

### 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

### 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

NOTES TO FINANCIAL STATEMENTS

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

- A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

The following table summarizes fair value measurements by level at December 31, 2018 for assets and liabilities measured at fair value.

| 2018                         | Description for each class of asset or liability | (Level 1)    | (Level 2) | (Level 3) | Total        |
|------------------------------|--|--------------|-----------|-----------|--------------|
| a. Assets at fair value      |  |              |           |           |              |
|                              | Cash and Cash Equivalents                        | \$ 1,000,000 | \$ -      | \$ -      | \$ 1,000,000 |
|                              | Perpetual Preferred stock                        |              |           |           |              |
|                              | Total Perpetual Preferred Stocks                 | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Bonds  |              |           |           |              |
|                              | Total Bonds                                      | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Common Stock                                     |              |           |           |              |
|                              | Total Common Stocks                              | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Derivative assets                                |              |           |           |              |
|                              | Total Derivatives                                | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Separate account assets                          | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Total assets at fair value                       | \$ 1,000,000 | \$ -      | \$ -      | \$ 1,000,000 |
| b. Liabilities at fair value |  |              |           |           |              |
|                              | Derivative liabilities                           | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Total liabilities at fair value                  | \$ -         | \$ -      | \$ -      | \$ -         |

The following table summarizes fair value measurements by level at December 31, 2017 for assets and liabilities measured at fair value.

| 2017                         | Description for each class of asset or liability | (Level 1)    | (Level 2) | (Level 3) | Total        |
|------------------------------|--|--------------|-----------|-----------|--------------|
| a. Assets at fair value      |  |              |           |           |              |
|                              | Cash and Cash Equivalents                        | \$ 1,000,000 | \$ -      | \$ -      | \$ 1,000,000 |
|                              | Perpetual Preferred stock                        |              |           |           |              |
|                              | Total Perpetual Preferred Stocks                 | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Bonds  |              |           |           |              |
|                              | Total Bonds                                      | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Common Stock                                     |              |           |           |              |
|                              | Total Common Stocks                              | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Derivative assets                                |              |           |           |              |
|                              | Total Derivatives                                | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Separate account assets                          | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Total assets at fair value                       | \$ 1,000,000 | \$ -      | \$ -      | \$ 1,000,000 |
| b. Liabilities at fair value |  |              |           |           |              |
|                              | Derivative liabilities                           | \$ -         | \$ -      | \$ -      | \$ -         |
|                              | Total liabilities at fair value                  | \$ -         | \$ -      | \$ -      | \$ -         |

- B. Assets Measured at Fair Value on a Nonrecurring Basis - None
- C. Other than cash measured at fair value as shown in (A), the Company had no fair value measurements at December 31, 2018 and 2017.
- D. Unable to Estimate Fair Value - None

21. Other Items

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring: Debtors - None
- C. Other Disclosures - None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-transferable Tax Credits - None

## NOTES TO FINANCIAL STATEMENTS

F. Subprime-Mortgage-Related Risk Exposure - None

G. Retained Assets - None

H. Insurance-Linked Securities (ILS) Contracts - None

### 22. Events Subsequent

#### Type I- Recognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the statutory statement issued as of December 31, 2018 on February 28, 2019.

None

#### Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the statutory statement issued as of December 31, 2018 on February 28, 2019.

None

### 23. Reinsurance

A. Ceded Reinsurance Report – None

B. Uncollectible Reinsurance - None

C. Commutation of Ceded Reinsurance - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

### 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

### 25. Change in Incurred Claims and Claims Adjustment Expenses

None

### 26. Intercompany Pooling Arrangements

None

### 27. Structured Settlements

None

### 28. Health Care Receivables

A. Pharmaceutical Rebate Receivables - None

B. Risk Sharing Receivables - None

### 29. Participating Policies

None

### 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$0

2. Date of the most recent evaluation of this liability: January 31, 2019

3. Was anticipated investment income utilized in the calculation? Yes ☐ No ☒

### 31. Anticipated Salvage and Subrogation

None



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [ X ] No [ ]
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]
- 1.3

State Regulating? Iowa.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ X ] No [ ]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001071739.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2017
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....
- 3.4

By what department or departments? Iowa Insurance Division.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes [ ] No [ X ]
- 4.12 renewals?

Yes [ ] No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes [ ] No [ X ]
- 4.22 renewals?

Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]
- 7.2

If yes,
- 7.21 State the percentage of foreign control

.....0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
| .....            |                     |
| .....            |                     |
| .....            |                     |
| .....            |                     |
| .....            |                     |

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1              | 2                         | 3   | 4   | 5    | 6   |
|----------------|---------------------------|-----|-----|------|-----|
| Affiliate Name | Location<br>(City, State) | FRB | OCC | FDIC | SEC |
|                |                           |     |     |      |     |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Company received waiver for annual audit requirements.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ X ] No [ ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:  
Exemption for small companies from providing actuarial opinion as well as audited financial results.....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain  
Company is exempt from audit committee requirements.....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
N/A - See response to 10.4.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

N/A.....

.....0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1   | 2                               | 3   | 4      |
|---|---------------------------------|---|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
|   |                                 |   |        |
|   |                                 |   |        |
|   |                                 |   |        |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ ] No [ X ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

25.3 For category (25.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [ ] No [ ] N/A [ X ]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian’s Address |
|---------------------------|--------------------------|
| .....                     | .....                    |

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
| .....        | .....            | .....                        |
| .....        | .....            | .....                        |
| .....        | .....            | .....                        |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
| .....              | .....              | .....               | .....       |
| .....              | .....              | .....               | .....       |
| .....              | .....              | .....               | .....       |

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
| .....                           | .....            |
| .....                           | .....            |
| .....                           | .....            |

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes [    ] No [    ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [    ] No [    ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or<br>Individual | 3<br>Legal Entity<br>Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management<br>Agreement (IMA) Filed |
|--|------------------------------------|---------------------------------------|----------------------|---|
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [    ] No [ X ]

29.2 If yes, complete the following schedule:

| 1<br>CUSIP #  | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| .....         | .....                    | .....                             |
| .....         | .....                    | .....                             |
| .....         | .....                    | .....                             |
| 29.2999 TOTAL |                          | 0                                 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1<br>Name of Mutual Fund<br>(from above table) | 2<br>Name of Significant Holding<br>of the Mutual Fund | 3<br>Amount of Mutual Fund's<br>Book/Adjusted Carrying Value<br>Attributable to the Holding | 4<br>Date of Valuation |
|--|--|---|------------------------|
| .....  | .....  | .....   | .....                  |
| .....  | .....  | .....   | .....                  |
| .....  | .....  | .....   | .....                  |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

|                            | 1<br>Statement (Admitted)<br>Value | 2<br>Fair Value | 3<br>Excess of Statement<br>over Fair Value (-),<br>or Fair Value<br>over Statement (+) |
|----------------------------|------------------------------------|-----------------|---|
| 30.1 Bonds.....            | 0                                  | .....           | 0   |
| 30.2 Preferred Stocks..... | 0                                  | .....           | 0   |
| 30.3 Totals                | 0                                  | 0               | 0   |

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [    ] No [    ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [    ] No [    ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [    ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b.Issuer or obligor is current on all contracted interest and principal payments.  
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities?

Yes [   ] No [   ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities?

Yes [   ] No [   ]

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ .....
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

- 36.1 Amount of payments for legal expenses, if any?

\$ .....
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ .....
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
1.2 If yes, indicate premium earned on U.S. business only. \$ .....0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....
1.31 Reason for excluding .....
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ .....
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....0
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$ .....0
1.62 Total incurred claims \$ .....0
1.63 Number of covered lives .....0
All years prior to most current three years:
1.64 Total premium earned \$ .....0
1.65 Total incurred claims \$ .....0
1.66 Number of covered lives .....0
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$ .....0
1.72 Total incurred claims \$ .....0
1.73 Number of covered lives .....0
All years prior to most current three years:
1.74 Total premium earned \$ .....0
1.75 Total incurred claims \$ .....0
1.76 Number of covered lives .....0

2. Health Test:

Table with 3 columns: Item Number, Description, and Amount. Rows include Premium Numerator, Premium Denominator, Premium Ratio, Reserve Numerator, Reserve Denominator, and Reserve Ratio for both Current Year and Prior Year.

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
3.2 If yes, give particulars:
4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ X ]
5.2 If no, explain:
5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$ .....
5.32 Medical Only \$ .....
5.33 Medicare Supplement \$ .....
5.34 Dental and Vision \$ .....
5.35 Other Limited Benefit Plan \$ .....
5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
7.2 If no, give details
8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year .....0
8.2 Number of providers at end of reporting year .....
9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]
9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months .....
9.22 Business with rate guarantees over 36 months .....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Iowa.....
- 11.4 If yes, show the amount required.

\$.....1,000,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

| 1                    |
|----------------------|
| Name of Service Area |
| Iowa.....            |
| .....                |
| .....                |
| .....                |
| .....                |

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$ .....0
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$ .....0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

| 1            | 2                 | 3                        | 4              | Assets Supporting Reserve Credit |                  |       |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
|              |                   |                          |                | 5                                | 6                | 7     |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit                | Trust Agreements | Other |
|              |                   |                          |                |                                  |                  |       |

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded)\$.....

15.2 Total incurred claims\$.....

15.3 Number of covered lives.....

| *Ordinary Life Insurance Includes   |
|---|
| Term (whether full underwriting, limited underwriting, jet issue, "short form app")       |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without Secondary Guarantee)                                       |
| Universal Life (with or without Secondary Guarantee)                                      |
| Variable Universal Life (with or without Secondary Guarantee)                             |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ ]



FIVE - YEAR HISTORICAL DATA

|  | 1<br>2018 | 2<br>2017 | 3<br>2016 | 4<br>2015 | 5<br>2014 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>Balance Sheet</b> (Pages 2 and 3)   |           |           |           |           |           |
| 1. Total admitted assets (Page 2, Line 28) .....   | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 0         |
| 2. Total liabilities (Page 3, Line 24) .....   | 0         | 0         | 0         | 0         | 0         |
| 3. Statutory minimum capital and surplus requirement .....   | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 0         |
| 4. Total capital and surplus (Page 3, Line 33) .....   | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 0         |
| <b>Income Statement</b> (Page 4)   |           |           |           |           |           |
| 5. Total revenues (Line 8) .....   | 0         | 0         | 0         | 0         | 0         |
| 6. Total medical and hospital expenses (Line 18) .....   | 0         | 0         | 0         | 0         | 0         |
| 7. Claims adjustment expenses (Line 20) .....  | 0         | 0         | 0         | 0         | 0         |
| 8. Total administrative expenses (Line 21) .....   | 0         | 0         | 0         | 0         | 0         |
| 9. Net underwriting gain (loss) (Line 24) .....  | 0         | 0         | 0         | 0         | 0         |
| 10. Net investment gain (loss) (Line 27) .....   | 0         | 0         | 0         | 0         | 0         |
| 11. Total other income (Lines 28 plus 29) .....  | 0         | 0         | 0         | 0         | 0         |
| 12. Net income or (loss) (Line 32) .....   | 0         | 0         | 0         | 0         | 0         |
| <b>Cash Flow</b> (Page 6)  |           |           |           |           |           |
| 13. Net cash from operations (Line 11).....  | 0         | 0         | 0         | 0         | 0         |
| <b>Risk-Based Capital Analysis</b>   |           |           |           |           |           |
| 14. Total adjusted capital.....  | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 0         |
| 15. Authorized control level risk-based capital.....   | 1,545     | 1,500     | 1,500     | 1,500     | 0         |
| <b>Enrollment</b> (Exhibit 1)  |           |           |           |           |           |
| 16. Total members at end of period (Column 5, Line 7) .....  | 0         | 0         | 0         | 0         | 0         |
| 17. Total members months (Column 6, Line 7) .....  | 0         | 0         | 0         | 0         | 0         |
| <b>Operating Percentage</b> (Page 4)   |           |           |           |           |           |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0   |           |           |           |           |           |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....                                  | 100.0     | 100.0     | 100.0     | 100.0     | 100.0     |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....                       | 0.0       | 0.0       | 0.0       | 0.0       | 0.0       |
| 20. Cost containment expenses .....  | 0.0       | 0.0       | 0.0       | 0.0       | 0.0       |
| 21. Other claims adjustment expenses .....   | 0.0       | 0.0       | 0.0       | 0.0       | 0.0       |
| 22. Total underwriting deductions (Line 23) .....  | 0.0       | 0.0       | 0.0       | 0.0       | 0.0       |
| 23. Total underwriting gain (loss) (Line 24) .....   | 0.0       | 0.0       | 0.0       | 0.0       | 0.0       |
| <b>Unpaid Claims Analysis</b>  |           |           |           |           |           |
| (U&I Exhibit, Part 2B)   |           |           |           |           |           |
| 24. Total claims incurred for prior years (Line 13, Col. 5) .....  | 0         | 0         | 0         | 0         | 0         |
| 25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....                          | 0         | 0         | 0         | 0         | 0         |
| <b>Investments In Parent, Subsidiaries and Affiliates</b>  |           |           |           |           |           |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....   | 0         | 0         | 0         | 0         | 0         |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....                                  | 0         | 0         | 0         | 0         | 0         |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....                                     | 0         | 0         | 0         | 0         | 0         |
| 29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) ..... | 0         | 0         | 0         | 0         | 0         |
| 30. Affiliated mortgage loans on real estate .....   |           | 0         | 0         | 0         | 0         |
| 31. All other affiliated .....   | 0         | 0         | 0         | 0         | 0         |
| 32. Total of above Lines 26 to 31.....   | 0         | 0         | 0         | 0         | 0         |
| 33. Total investment in parent included in Lines 26 to 31 above .....                                    |           |           |           |           |           |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [ ] No [ ]

If no, please explain .....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

|                      |   |     | 1                 | Direct Business Only       |                      |                    |   |  |                             |                           |                        |
|----------------------|---|-----|-------------------|----------------------------|----------------------|--------------------|---|--|-----------------------------|---------------------------|------------------------|
|                      |   |     |                   | 2                          | 3                    | 4                  | 5   | 6  | 7                           | 8                         | 9                      |
| State, Etc.          |   |     | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Plan Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1.                   | Alabama   | AL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 2.                   | Alaska  | AK  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 3.                   | Arizona   | AZ  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 4.                   | Arkansas  | AR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 5.                   | California  | CA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 6.                   | Colorado  | CO  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 7.                   | Connecticut   | CT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 8.                   | Delaware  | DE  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 9.                   | District of Columbia  | DC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 10.                  | Florida   | FL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 11.                  | Georgia   | GA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 12.                  | Hawaii  | HI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 13.                  | Idaho   | ID  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 14.                  | Illinois  | IL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 15.                  | Indiana   | IN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 16.                  | Iowa  | IA  | L                 |                            |                      | 0                  |   |  |                             | 0                         | 0                      |
| 17.                  | Kansas  | KS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 18.                  | Kentucky  | KY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 19.                  | Louisiana   | LA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 20.                  | Maine   | ME  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 21.                  | Maryland  | MD  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 22.                  | Massachusetts   | MA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 23.                  | Michigan  | MI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 24.                  | Minnesota   | MN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 25.                  | Mississippi   | MS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 26.                  | Missouri  | MO  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 27.                  | Montana   | MT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 28.                  | Nebraska  | NE  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 29.                  | Nevada  | NV  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 30.                  | New Hampshire   | NH  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 31.                  | New Jersey  | NJ  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 32.                  | New Mexico  | NM  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 33.                  | New York  | NY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 34.                  | North Carolina  | NC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 35.                  | North Dakota  | ND  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 36.                  | Ohio  | OH  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 37.                  | Oklahoma  | OK  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 38.                  | Oregon  | OR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 39.                  | Pennsylvania  | PA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 40.                  | Rhode Island  | RI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 41.                  | South Carolina  | SC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 42.                  | South Dakota  | SD  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 43.                  | Tennessee   | TN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 44.                  | Texas   | TX  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 45.                  | Utah  | UT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 46.                  | Vermont   | VT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 47.                  | Virginia  | VA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 48.                  | Washington  | WA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 49.                  | West Virginia   | WV  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 50.                  | Wisconsin   | WI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 51.                  | Wyoming   | WY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 52.                  | American Samoa  | AS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 53.                  | Guam  | GU  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 54.                  | Puerto Rico   | PR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 55.                  | U.S. Virgin Islands   | VI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 56.                  | Northern Mariana Islands                                      | MP  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 57.                  | Canada  | CAN | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 58.                  | Aggregate other alien   | OT  | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| 59.                  | Subtotal  |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| 60.                  | Reporting entity contributions for Employee Benefit Plans     |     | XXX               |                            |                      |                    |   |  |                             | 0                         |                        |
| 61.                  | Total (Direct Business)                                       |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| DETAILS OF WRITE-INS |   |     |                   |                            |                      |                    |   |  |                             |                           |                        |
| 58001.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58002.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58003.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58998.               | Summary of remaining write-ins for Line 58 from overflow page |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| 58999.               | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |

(a) Active Status Counts  
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0  
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|  |            |    |       |
|--|------------|----|-------|
| Centene Corporation  | 42-1406317 | DE |       |
| Bankers Reserve Life Insurance Company of Wisconsin        | 39-0993433 | WI | 71013 |
| Health Plan Real Estate Holding, Inc (17%)                 | 46-2860967 | MO |       |
| Peach State Health Plan, Inc                               | 20-3174593 | GA | 12315 |
| Health Plan Real Estate Holding, Inc (21%)                 | 46-2860967 | MO |       |
| Iowa Total Care, Inc                                       | 46-4829006 | IA | 15713 |
| Buckeye Community Health Plan, Inc                         | 32-0045282 | OH | 11834 |
| Health Plan Real Estate Holding, Inc (13%)                 | 46-2860967 | MO |       |
| Absolute Total Care, Inc                                   | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1%)                  | 46-2860967 | MO |       |
| Coordinated Care Corporation d/b/a Managed Health Services | 39-1821211 | IN | 95831 |
| Health Plan Real Estate Holding, Inc (15%)                 | 46-2860967 | MO |       |
| Healthy Washington Holdings, Inc                           | 46-5523218 | DE |       |
| Coordinated Care of Washington, Inc                        | 46-2578279 | WA | 15352 |
| Managed Health Services Insurance Corp                     | 39-1678579 | WI | 96822 |
| Health Plan Real Estate Holding, Inc (2%)                  | 46-2860967 | MO |       |
| Hallmark Life Insurance Co                                 | 86-0819817 | AZ | 60078 |
| Superior HealthPlan, Inc                                   | 74-2770542 | TX | 95647 |
| Health Plan Real Estate Holding, Inc (21%)                 | 46-2860967 | MO |       |
| Healthy Louisiana Holdings LLC                             | 27-0916294 | DE |       |
| Louisiana Healthcare Connections, Inc                      | 27-1287287 | LA | 13970 |
| Magnolia Health Plan Inc                                   | 20-8570212 | MS | 13923 |
| IlliniCare Health Plan, Inc                                | 27-2186150 | IL | 14053 |
| Health Plan Real Estate Holding, Inc (5%)                  | 46-2860967 | MO |       |
| Sunshine Health Holding LLC                                | 26-0557093 | FL |       |
| Sunshine State Health Plan, Inc                            | 20-8937577 | FL | 13148 |
| Kentucky Spirit Health Plan, Inc                           | 45-1294925 | KY | 14100 |
| Healthy Missouri Holding, Inc (95%)                        | 45-5070230 | MO |       |
| Home State Health Plan, Inc                                | 45-2798041 | MO | 14218 |
| Health Plan Real Estate Holding, Inc (5%)                  | 46-2860967 | MO |       |
| Sunflower State Health Plan, Inc                           | 45-3276702 | KS | 14345 |
| Granite State Health Plan, Inc                             | 45-4792498 | NH | 14226 |
| California Health and Wellness Plan                        | 46-0907261 | CA |       |
| Michigan Complete Health, Inc.                             | 30-0312489 | MI | 10769 |
| Western Sky Community Care, Inc.                           | 45-5583511 | NM | 16351 |
| SilverSummit Healthplan, Inc.                              | 20-4761189 | NV | 16143 |
| University Health Plans, Inc.                              | 22-3292245 | NJ |       |
| Agate Resources, Inc.                                      | 20-0483299 | OR |       |
| Trillium Community Health Plan, Inc.                       | 42-1694349 | OR | 12559 |
| Agate Properties, LLC                                      | 26-4475075 | OR |       |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|  |            |    |       |
|--|------------|----|-------|
| Nebraska Total Care, Inc.                      | 47-5123293 | NE | 15902 |
| Pennsylvania Health & Wellness, Inc.           | 47-5340613 | PA | 16041 |
| Superior HealthPlan Community Solutions, Inc.  | 47-5664832 | TX | 15912 |
| Sunshine Health Community Solutions, Inc.      | 47-5667095 | FL | 15927 |
| Buckeye Health Plan Community Solutions, Inc.  | 47-5664342 | OH | 16112 |
| Arkansas Health & Wellness Health Plan, Inc.   | 81-1282251 | AR | 16130 |
| Arkansas Total Care Holding Company, LLC (49%) | 38-4042368 | DE |       |
| Arkansas Total Care, Inc.                      | 82-2649097 | AR | 16256 |
| Healthy Oklahoma Holdings, Inc.                | 81-2788043 | DE |       |
| Oklahoma Complete Health Inc.                  | 81-3121527 | OK |       |
| Bridgeway Health Solutions, LLC                | 20-4980875 | DE |       |
| Bridgeway Health Solutions of Arizona Inc.     | 20-4980818 | AZ | 16310 |
| Celtic Group, Inc                              | 36-2979209 | DE |       |
| Celtic Insurance Company                       | 06-0641618 | IL | 80799 |
| Ambetter of Magnolia Inc                       | 35-2525384 | MS | 15762 |
| Ambetter of Peach State Inc.                   | 36-4802632 | GA | 15729 |
| Novasys Health, Inc                            | 27-2221367 | DE |       |
| CeltiCare Health Plan Holdings LLC             | 26-4278205 | DE |       |
| CeltiCare Health Plan of Massachusetts, Inc.   | 26-4818440 | MA | 13632 |
| Centene Management Company LLC                 | 39-1864073 | WI |       |
| CMC Real Estate Co. LLC                        | 20-0057283 | DE |       |
| Centene Center LLC                             | 26-4094682 | DE |       |
| Centene Center I, LLC                          | 82-1816153 | DE |       |
| Centene Center II, LLC                         | 47-5156015 | DE |       |
| Centene Center III, LLC                        | 82-3210933 | DE |       |
| CMC Hanley, LLC                                | 46-4234827 | MO |       |
| GPT Acquisition LLC                            | 45-5431787 | DE |       |
| LSM Holdco, Inc.                               | 46-2794037 | DE |       |
| Lifeshare Management Group, LLC                | 46-2798132 | NH |       |
| Arkansas Total Care Holding Company, LLC (25%) | 38-4042368 | DE |       |
| CCTX Holdings, LLC                             | 20-2074217 | DE |       |
| Centene Company of Texas, LP (1%)              | 74-2810404 | TX |       |
| Centene Holdings, LLC                          | 20-2074277 | DE |       |
| Centene Company of Texas, LP (99%)             | 74-2810404 | TX |       |
| MHS Travel & Charter, Inc                      | 43-1795436 | WI |       |
| Health Care Enterprises, LLC                   | 46-4855483 | DE |       |
| Envolve Holdings, Inc.                         | 22-3889471 | DE |       |
| Cenpatico Behavioral Health, LLC               | 68-0461584 | CA |       |
| CBHSP Arizona, Inc                             | 86-0782736 | AZ |       |
| Cenpatico of California, Inc                   | 47-2595704 | CA |       |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|  |            |     |       |
|--|------------|-----|-------|
| Integrated Mental Health Management, L.L.C.          | 74-2892993 | TX  |       |
| Integrated Mental Health Services                    | 74-2785494 | TX  |       |
| Cenpatico Behavioral Health of Arizona, LLC          | 20-1624120 | AZ  |       |
| Cenpatico of Arizona Inc.                            | 80-0879942 | AZ  |       |
| Envolve, Inc.  | 37-1788565 | DE  |       |
| AHA Administrative Services, LLC                     | 47-4545413 | AL  |       |
| Envolve - New York, Inc.                             | 47-3454898 | NY  |       |
| Community Care of Central Colorado, LLC              | 82-2288767 | DE  |       |
| Envolve PeopleCare, Inc.                             | 06-1476380 | DE  |       |
| LiveHealthier, Inc.                                  | 47-2516714 | DE  |       |
| Envolve Benefits Options, Inc.                       | 61-1846191 | DE  |       |
| Envolve Vision Benefits, Inc.                        | 20-4730341 | DE  |       |
| Envolve Captive Insurance Company, Inc.              | 36-4520004 | SC  |       |
| Envolve Vision of Texas, Inc.                        | 75-2592153 | TX  | 95302 |
| Envolve Vision, Inc                                  | 20-4773088 | DE  |       |
| Envolve Vision IPA of New York, Inc.                 | 83-2460878 | NY  |       |
| Envolve Vision of Florida, Inc                       | 65-0094759 | FL  |       |
| Envolve Total Vision, Inc.                           | 20-4861241 | DE  |       |
| Envolve Optical, Inc.                                | 82-2908582 | DE  |       |
| Envolve Dental, Inc.                                 | 46-2783884 | DE  |       |
| Envolve Dental of Florida, Inc.                      | 81-2969330 | FL  |       |
| Envolve Dental of Texas, Inc.                        | 81-2796896 | TX  | 16106 |
| Envolve Dental IPA of New York, Inc.                 | 83-1464482 | NY  |       |
| Envolve Pharmacy Solutions, Inc.                     | 77-0578529 | DE  |       |
| LBB Industries, Inc                                  | 76-0511700 | TX  |       |
| RX Direct, Inc                                       | 75-2612875 | TX  |       |
| Envolve Pharmacy IPA, LLC                            | 46-2307356 | NY  |       |
| Casenet LLC  | 90-0636938 | DE  |       |
| Casenet S.R.O.                                       | Foreign    | CZE |       |
| MHM Services, Inc.                                   | 82-5316510 | DE  |       |
| Centurion LLC  | 90-0766502 | DE  |       |
| Centurion of Arizona, LLC                            | 81-4228054 | AZ  |       |
| Centurion of Vermont, LLC                            | 47-1686283 | VT  |       |
| Centurion of Mississippi, LLC                        | 47-2967381 | MS  |       |
| Centurion of Tennessee, LLC                          | 30-0752651 | TN  |       |
| Centurion of Minnesota, LLC                          | 46-2717814 | MN  |       |
| Centurion Correctional Healthcare of New Mexico, LLC | 81-1161492 | NM  |       |
| Centurion of Florida, LLC                            | 81-0687470 | FL  |       |
| Centurion of Maryland, LLC                           | 81-4938030 | MD  |       |
| Centurion of Philadelphia, LLC                       | 81-5429405 | PA  |       |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**

|  |            |    |
|--|------------|----|
| Centurion Detention Health Services, LLC | 82-4735175 | DE |
| Centurion of New Hampshire, LLC          | 82-4823469 | DE |
| MHM Correctional Services, LLC           | 54-1856340 | DE |
| MHM Maryland, Inc.                       | 20-2750269 | MD |
| MHM Ohio, Inc.                           | 56-2547206 | OH |
| MHM Services of California, LLC          | 51-0620904 | CA |
| MHM Solutions, LLC                       | 60-0002002 | DE |
| Forensic Health Services, LLC.           | 26-1877007 | DE |
| MHM Health Professionals, LLC            | 46-1734817 | DE |
| Specialty Therapeutic Care Holdings, LLC | 27-3617766 | DE |
| Specialty Therapeutic Care, LP (99.99%)  | 73-1698808 | TX |
| Specialty Therapeutic Care, GP, LLC      | 73-1698807 | TX |
| Specialty Therapeutic Care, LP (0.01%)   | 73-1698808 | TX |
| AcariaHealth Solutions, Inc.             | 80-0856383 | DE |
| AcariaHealth, Inc.                       | 45-2780334 | DE |
| AcariaHealth Pharmacy #14, Inc           | 27-1599047 | CA |
| AcariaHealth Pharmacy #11, Inc           | 20-8192615 | TX |
| AcariaHealth Pharmacy #12, Inc           | 27-2765424 | NY |
| AcariaHealth Pharmacy #13, Inc           | 26-0226900 | CA |
| AcariaHealth Pharmacy, Inc               | 13-4262384 | CA |
| HomeScripts.com, LLC                     | 27-3707698 | MI |
| New York Rx, Inc.                        | 20-8235695 | NY |
| Foundation Care, LLC (80%)               | 20-0873587 | MO |
| U.S. Medical Management Holdings, Inc    | 27-0275614 | DE |
| U.S. Medical Management, LLC (20%)       | 38-3153946 | DE |
| U.S. Medical Management, LLC (80%)       | 38-3153946 | DE |
| RMED, LLC                                | 31-1733889 | FL |
| IAH of Florida, LLC                      | 47-2138680 | FL |
| Heritage Home Hospice, LLC               | 51-0581762 | MI |
| Grace Hospice of Austin, LLC             | 20-2827613 | MI |
| ComfortBrook Hospice, LLC                | 20-1530070 | OH |
| Comfort Hospice of Texas, LLC            | 20-4996551 | MI |
| Grace Hospice of San Antonio, LLC        | 20-2827526 | MI |
| Grace Hospice of Grand Rapids, LLC       | 45-0679248 | MI |
| Grace Hospice of Indiana, LLC            | 45-0634905 | MI |
| Grace Hospice of Virginia, LLC           | 45-5080637 | MI |
| Comfort Hospice of Missouri, LLC         | 45-5080567 | MI |
| Grace Hospice of Wisconsin, LLC          | 46-1708834 | MI |
| Grace Hospice of Illinois, LLC           | 81-5129923 | IL |
| Seniorcorps Peninsula, LLC               | 26-4435532 | VA |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

40.4

|   |            |     |       |
|---|------------|-----|-------|
| R&C Healthcare, LLC                                 | 33-1179031 | TX  |       |
| Pinnacle Senior Care of Missouri, LLC               | 46-0861469 | MI  |       |
| Country Style Health Care, LLC                      | 03-0556422 | TX  |       |
| Phoenix Home Health Care, LLC                       | 14-1878333 | DE  |       |
| Traditional Home Health Services, LLC               | 75-2635025 | TX  |       |
| Family Nurse Care, LLC                              | 38-2751108 | MI  |       |
| Family Nurse Care II, LLC                           | 20-5108540 | MI  |       |
| Family Nurse Care of Ohio, LLC                      | 20-3920947 | MI  |       |
| Pinnacle Senior Care of Wisconsin, LLC              | 46-4229858 | WI  |       |
| Pinnacle Senior Care of Indiana, LLC                | 81-1565426 | MI  |       |
| Pinnacle Home Care, LLC                             | 76-0713516 | TX  |       |
| North Florida Health Services, Inc                  | 59-3519060 | FL  |       |
| Pinnacle Sr. Care of Kalamazoo, LLC                 | 47-1742728 | MI  |       |
| Hospice DME Company, LLC                            | 46-1734288 | MI  |       |
| Rapid Respiratory Services, LLC                     | 20-4364776 | DE  |       |
| USMM Accountable Care Network, LLC                  | 46-5730959 | DE  |       |
| USMM Accountable Care Partners, LLC                 | 46-5735993 | DE  |       |
| USMM Accountable Care Solutions, LLC                | 46-5745748 | DE  |       |
| USMM ACO, LLC                                       | 45-4165480 | MI  |       |
| USMM ACO Florida, LLC                               | 45-4157180 | MI  |       |
| USMM ACO North Texas, LLC                           | 45-4154905 | MI  |       |
| VPA, P.C.   | 38-3176990 | MI  |       |
| VPA of Texas  | 20-2386997 | MI  |       |
| Health Net, Inc.                                    | 47-5208076 | DE  |       |
| Health Net of California, Inc.                      | 95-4402957 | CA  |       |
| Health Net Life Insurance Company                   | 73-0654885 | CA  | 66141 |
| Health Net Life Reinsurance Company                 | 98-0409907 | CYM |       |
| Health Net of California Real Estate Holdings, Inc. | 54-2174069 | CA  |       |
| Managed Health Network, LLC                         | 95-4117722 | DE  |       |
| Managed Health Network                              | 95-3817988 | CA  |       |
| MHN Services, LLC                                   | 95-4146179 | CA  |       |
| Health Net Federal Services, LLC                    | 68-0214809 | DE  |       |
| MHN Government Services LLC                         | 42-1680916 | DE  |       |
| MHN Global Services, Inc.                           | 51-0589404 | DE  |       |
| MHN Government Services-Guam, Inc.                  | 90-0889803 | DE  |       |
| MHN Government Services-International, Inc.         | 90-0889825 | DE  |       |
| MHN Government Services-Puerto Rico, Inc.           | 90-0889815 | DE  |       |
| Network Providers, LLC (10%)                        | 88-0357895 | DE  |       |
| Health Net Preferred Providers, LLC                 | 61-1388903 | DE  |       |
| Health Net Veterans, LLC                            | 35-2490375 | DE  |       |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|  |            |     |       |
|--|------------|-----|-------|
| Network Providers, LLC (90%)                               | 88-0357895 | DE  |       |
| QualMed, Inc.  | 84-1175468 | DE  |       |
| Health Net Health Plan of Oregon, Inc.                     | 93-1004034 | OR  | 95800 |
| QualMed Plans for Health of Western Pennsylvania, Inc.     | 23-2867300 | PA  |       |
| Pennsylvania Health Care Plan, Inc.                        | 25-1516632 | PA  |       |
| Health Net Services Inc.                                   | 94-3037822 | DE  |       |
| Health Net Community Solutions, Inc.                       | 54-2174068 | CA  |       |
| Health Net of Arizona, Inc.                                | 36-3097810 | AZ  | 95206 |
| Health Net of Pennsylvania, LLC                            | n/a        | PA  |       |
| QualMed Plans for Health of Pennsylvania, Inc.             | 23-2456130 | PA  |       |
| FH Assurance Company                                       | 98-0150604 | CYM |       |
| Health Net Pharmaceutical Services                         | 68-0295375 | CA  |       |
| Health Net of Arizona Administrative Services, Inc.        | 86-0660443 | AZ  |       |
| Health Net Community Solutions of Arizona, Inc.            | 81-1348826 | AZ  | 15895 |
| National Pharmacy Services Inc.                            | 84-1301249 | DE  |       |
| Integrated Pharmacy Systems, Inc. (90%)                    | 23-2789453 | PA  |       |
| Health Net Access, Inc.                                    | 46-2616037 | AZ  |       |
| MHS Consulting, International, Inc                         | 20-8630006 | DE  |       |
| PRIMEROSALUD, S.L.   | Foreign    | ESP |       |
| MH Services International Holdings (UK) Limited            | Foreign    | GBR |       |
| MH Services International (UK) Limited                     | Foreign    | GBR |       |
| Centene UK Ltd.  | Foreign    | GBR |       |
| The Practice (Group) Limited                               | Foreign    | GBR |       |
| Centene Health Plan Holdings, Inc.                         | 82-1172163 | DE  |       |
| Ambetter of North Carolina, Inc.                           | 82-5032556 | NC  | 16395 |
| Carolina Complete Health Holding Company Partnership (80%) | 82-2699483 | DE  |       |
| Carolina Complete Health, Inc.                             | 82-2699332 | NC  |       |
| New York Quality Healthcare Corporation                    | 82-3380290 | NY  |       |
| Salus Administrative Services, Inc.                        | 55-0878053 | NY  |       |
| Salus IPA, LLC   | 82-0802846 | NY  |       |
| Calibrate Acquisition Co                                   | 82-4670677 | DE  |       |
| Community Medical Holdings Corp                            | 47-4179393 | DE  |       |
| Access Medical Acquisition, Inc.                           | 46-3485489 | DE  |       |
| Access Medical Group of North Miami Beach, Inc.            | 45-3191569 | FL  |       |
| Access Medical Group of Miami, Inc.                        | 45-3191719 | FL  |       |
| Access Medical Group of Hialeah, Inc.                      | 45-3192283 | FL  |       |
| Access Medical Group of Westchester, Inc.                  | 45-3199819 | FL  |       |
| Access Medical Group of Opa-Locka, Inc.                    | 45-3505196 | FL  |       |
| Access Medical Group of Perrine, Inc.                      | 45-3192955 | FL  |       |
| Access Medical Group of Florida City, Inc.                 | 45-3192366 | FL  |       |



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|   |            |    |       |
|---|------------|----|-------|
| Access Medical Group of Tampa, Inc.     | 82-1737078 | FL |       |
| Access Medical Group of Tampa II, Inc.  | 82-1750978 | FL |       |
| Access Medical Group of Tampa III, Inc. | 82-1773315 | FL |       |
| Interpreta Holdings, Inc. (80.1%)       | 82-4883921 | DE |       |
| Interpreta, Inc.                        | 46-5517858 | DE |       |
| Patriots Holding Co                     | 82-4581788 | DE |       |
| RxAdvance Corporation (27.83%)          |            | DE |       |
| Next Door Neighbors, LLC                | 32-2434596 | DE |       |
| Next Door Neighbors, Inc.               | 83-2381790 | DE |       |
| Centene Venture Company Michigan        | 83-2446307 | MI |       |
| Centene Venture Company Illinois        | 83-2425735 | IL | 16505 |
| Centene Venture Company Kansas          | 83-2409040 | KS |       |
| Centene Venture Company Florida         | 83-2434596 | FL |       |

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